Docket No. CMI5001USCNT7

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: John Shanley Confirmation No. 6433

Serial No.: 10/824,124 Art Unit: 3773

Filed : April 13, 2004 Examiner: V.Q. Bui

FOR : EXPANDABLE MEDICAL DEVICE WITH S-SHAPED BRIDGING

ELEMENTS

I hereby certify that this correspondence is being transmitted via The Office electronic filing system in accordance with 37 CFR  $1.6(a)\,(4)$ 

March 7, 2008 (Date of Deposit)

Paul A. Coletti (Name of applicant, assignee, or Registered Representative)

/Paul A. Coletti/ (Signature)

> March 7, 2008 (Date of Signature)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This copy is supplemental to the Information Disclosure Statement mailed on February 21, 2008.

Pursuant to 37 C.F.R. §1.56 and in accordance with 37 C.F.R. §\$1.97-1.98, information relating to the above-identified application is hereby disclosed. Inclusion of information in this statement is not to be construed as an admission that this information is material as that term is defined in 37 C.F.R. §1.56(b).

Applicant(s) reserve(s) the right to establish the patentability of the claimed invention over any of the

information provided herewith, and/or to prove that this information may not be prior art, and/or to prove that this information may not be enabling for the teachings purportedly offered.

This statement should not be construed as a representation that a search has been made, or that information more material to the examination of the present patent application does not exist.

- ☑ In accordance with \$1.97(d), this Information
  Disclosure Statement is being filed after the mailing date of
  either a Final Action under \$1.113 or a Notice of Allowance
  under \$1.311 but before the payment of the Issue Fee.
  Applicant(s) hereby petition(s) for consideration of this
  Information Disclosure Statement. Included are: Statement in
  Accordance with \$1.97(e) as set forth below and the fee of
  §180.00 as set forth in \$1.17(p).

Please charge any deficiency or credit any overpayment to Deposit Account No. 10-0750/CMI5001USCNT7/PAC. This form is submitted in triplicate.

Respectfully submitted,

/Paul A. Coletti/
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